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JAN 03 2005

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7590 09/29/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Yate K Cutliff

(Depositor's name)

*Yate K. Cutliff*

(Signature)

December 28, 2004

(D)

01/04/2005 SMIASS2 00000048 10088626

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/088,626	03/18/2002	Peter Wilhelm Koenig	3960.010	7229

TITLE OF INVENTION: SUPPLY METER FOR LIQUID AND GASEOUS MEDIUMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 1400	\$0	\$665 \$1400	12/29/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SMITH, RICHARD A	2859		116-264000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

1 PENDORF & CUTLIFF

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

2 \_\_\_\_\_

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UTILITY CONSULT HINZMANN &  
KOENIG OHG

FED REP GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 16-0877 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Yate K. Cutliff*

Date December 28, 2004

Typed or printed name

Registration No. 40,577

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